ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	T
		ID NO.	DATE
FEE DETERMINATION	LEW CASH	1503 1	
O.I.P.E. CLASSIFIER		1	1
FORMALITY REVIEW		10/000	2-1-00
RESPONSE FORMALITY REVIEW		1000	174-00
		14416	8/24/00
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(Through purp	Allowed	/Interference	
— (Tillough num)	eral) Canceled Restricted	A / Annool	
* * * * * * * * * * * * * * * * * * * *	Hestricted	OObjected	
Claim Date	Tour T	/	
1 8 8 1	Claim	Date Claim Date	
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	Origin	Final	111
10==	51		111
2 2 = 2	52	101	
3 3 = =	53	102	
4 4 = = 5 5 5 = =	54	103	
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77==	56	106	╅╇
8 0 1=	57	107	+
	58	108	+++
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10 11 0 =	60	110	
11 12 0 =	62	111	
12 13 0 =	63	112	
13 (1) = =	64	113	
14 15 = =	65	114	
15 16 = >	66	115	
16 17 = =	67	117	++++
18 19 0 3	68	118	+++
(S 20 = =	69	119	┝╌┼╌┼╴
21	70	120	┝╌┼╌┼
22 .	71	121	
23	72 73	122	- - -
24	74	123	
25	75	124	
26	76	125	
28	77	126	
29	78	127	
30	79	129	
31	80	130	
32	81	131	
33	82 83	132	++-
34	84	133	
35	85	134	111
36	86	135	
37	87	136	
39	88	137	
40	89	139	
41	90	140	+
42	91	141	+++
43	92	142	+++
44	93	143	+++-
45	94	144	
46	95	145	 - - -
47	97	146	
48	98	147	
49	99	148	
50	100	149	
			

Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here